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A Blueprint For Action

The Report of the Working
Group on Child Sexual Abuse

April 1986

St. John's
Newfoundland

A BLUEPRINT FOR ACTION

The Report of the Working Group on

Child Sexual Abuse

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APRIL 1986
St. John's, Newfoundland

A BLUEPRINT FOR ACTION

The Report of the Working Group on Child Sexual Abuse

An Implementation Strategy for the Improvement and Co-ordination of Services to the Victims of Child Sexual Abuse and for Offenders.

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APRIL 1986

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The views expressed in this document are those of the Community Services Council and the Working Group on Child Sexual Abuse.

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FOREWORD

Child sexual abuse has emerged as a most distressing social problem. Even though the incidence of reporting and prosecutions of offenders has risen dramatically indications are that many cases still go unreported. The physical and mental damage which a victim suffers may cause lasting scars.

While this is not a new problem the magnitude of occurrence rates, the long term psychological damage and the flaws in a community's method of dealing with both the victim and the offender are only now coming to public recognition.

Most disheartening is the reality that the manner in which a victim may be handled by the system can be more traumatic than the offence itself. This is not an intentional act on the part of service providers, the police or the courts, but results from a fragmented, disjointed and sometimes thoughtless system which puts jurisdictional requirement and policy ahead of total concern for the victim of sexual abuse.

A society whose stated or unstated attitudes cause an innocent victim to assume a sense of guilt for an unwanted sexual act must be changed. And a society which instead of encouraging a victim to come forward, somehow discourages disclosure must be re-examined.

In recent years some positive changes have been occurring in terms of how society views child sexual abuse and some initiatives have been taken to better protect the victim. The manner in which the system responds to child sexual abuse has also been improving. However we are far from having the sensitive, supportive and co-ordinated service system which is required.

In April 1985 the Community Services Council responded to a unanimous request from a variety of community groups and government representatives to form a committee which would develop an action plan to improve the service system in St. John's. This committee, the Working Group on Child Sexual Abuse, supported by the Community Services Council, and in consultation and collaboration with a variety of community agencies, service providers, institutions and government departments has examined the status of services and policies in the field of child sexual abuse in St. John's. The conclusions of this review are contained in five background papers: Services, Education, Justice, Policy and Treatment issues. From these background papers the Working Group has prepared a Ten-Point Blueprint for Action which incorporates a model design to facilitate the implementation of the Blueprint.

Our research has unequivocally pointed out that there is a mood of co-operation and a willingness to work together to better respond to this most poignant social problem. Success will depend on capturing that spirit of co-operation and on the willingness of the community and government to come together to support the recommendations in the Blueprint.

The Community Services Council is not only committed to this process but is prepared to invest its energy to ensure that the Blueprint becomes reality.

Penelope M. Rowe
Executive Director
Community Services Council

APRIL 1986

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Members of the Working Group on Child Sexual Abuse wish to thank all of those persons who agreed to interviews or otherwise supplied information while subcommittees completed their initial investigations.

Those who served on subcommittees are thanked for their voluntary time and assistance; the Working Group also acknowledges, with appreciation, early input by Len Norman, Ginny McGrath, Dr. Marcia Smith and Dr. Howard Strong.

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Darlene J. Scott

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APRIL 1986

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Sheila Devine Assistant Director Child Welfare Division Department of Social Services Government of Newfoundland and Labrador	Provincial Representative

"The needs of child sexual abuse victims must be viewed on a continuum and the community must respond with initiatives that include longer-term treatment and prevention issues."

Joan Fuller, Co-chairperson
Darlene Scott, Co-chairperson
Services Subcommittee

"It is all well and good to recognize that the problem exists, and is increasing daily in its scope, but all the recognition factors and goodwill in the world will not prevent the sexual abuse of children if there is not adequate funding for education and preventative programs."

Bert Riggs, Chairperson
Education Subcommittee

"...there must be an integration of police services, social work services, health care services, the prosecutorial function and other necessary support services..."

Cathy Knox, Chairperson
Justice Subcommittee

"Developing policies and procedures regarding the implementation of Child Protection Legislation and services is crucial. While ultimate responsibility for child protection in Newfoundland rests with the Department of Social Services, it must be recognized that there are other departments and disciplines whose co-operation is crucial to any real, co-ordinated effort toward protecting children in this province."

Diane Duggan, Chairperson
Policy Review Subcommittee

"The tendency to be punitive towards the offender has to be tempered....Treatment offers more favourable results for decreasing the incidence of deviance and recidivism. Punishment alone will put our children at risk in the future. Treatment will provide better protection for our children. Both the necessity for punishment and treatment should be recognized, and balanced, as far as possible when dealing with the offender.

Nizar B. Ladha, Chairperson
Treatment Subcommittee

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The needs of sexually abused children and youths are complex. These children require expert assistance provided by several helping professions. In the Committee's judgement, in most instances, the welfare and protection of the child is too crucial a concern to be attended by a single profession - whether this be the police, physicians or child protection workers. What is required in this regard is the effective co-ordination of expert assessment and care provided by several professions channelled through as few workers as possible in directly serving the needs of these children.

Robin Badgley
Chairman

Committee on Sexual
Offences Against
Children and Youths
1984

1.0 INTRODUCTION

The Report of the Working Group on Child Sexual Abuse represents a community effort aimed at seriously addressing the service needs of those who have been sexually victimized while young. The Report is the product of a lengthy consultation process among people working with youth, victims, adult survivors and offenders. The Report is action-oriented. It presents a detailed blueprint for action which will result in improved services to each of these groups. A model for implementing the blueprint is included.

2.0 EVOLUTION OF THE WORKING GROUP

Late in 1984 the Community Services Council convened a Select Committee to determine the status of community and government efforts to come to grips with the problems of child sexual abuse. Provincial Government statistics indicated that reports of sexual abuse were increasing greatly. The Committee, comprising professionals from community agencies, the field of corrections, and the Departments of Social Services and Health, wished to formulate a response to the Report of the Badgley Committee on Sexual Offences Against Children and Youths in Canada. Committee members recommended that a well-publicized Public Information Session be conducted on local issues pertaining to child sexual abuse and services for victims and offenders.

2.1 Public Information Session

The Public Information Session was conducted 18 April 1985. More than one hundred and fifty child welfare workers, social workers, community workers, police officers, parents, medical professionals and teachers attended the session. National and provincial overviews of the problem were provided and presentations were made on protection, education and treatment issues.

A unanimous motion was passed by participants at the close of the one-day session requesting that the Community Services Council form a working committee to report to government on key community needs in the area of child sexual abuse. The Community Services Council accepted the tasks of forming and providing initial direction for such a committee.

2.2 Formation and Structure of the Working Group

The Working Group on Child Sexual Abuse was formed 30 April 1985 at a public meeting organized by the Community Services Council. Highlights from the 18 April public information session were reviewed and a structure for the committee was agreed upon. It was decided that the main committee would be charged with developing long-term strategies for improved services based on investigations by five subcommittees: Services, Education, Justice, Policy Review, and Treatment. Subcommittee Chairpersons and invited representatives from several Provincial Government departments formed the main Working Group.

The subcommittees were, independent of the main Working Group, to be responsible for determining terms of reference, establishing goals, and completing reports. Many of those persons who attended the 30 April public meeting subsequently served on Working Group Subcommittees, ensuring representation from numerous fields of expertise. Chairpersons were free to invite other personnel to serve on Subcommittees. A complete list of Subcommittee members is attached to this report. (See Appendix One.)

Completion of subcommittee reports entailed a major voluntary effort. Drafting and redrafting consumed the summer months of 1985 and much of early fall. The main Working Group met several times throughout, to review the progress of subcommittee reports, discuss preliminary findings and give support and direction to individual chairpersons. By late fall 1985 the

Working Group, with subcommittee reports substantially complete, was able to proceed with the development of an implementation strategy based on subcommittee findings.

The Working Group structure required that the main committee report back to those persons who supported its formation on 30 April 1985. This was done at a second general meeting, held 08 January 1986 at the offices of the Community Services Council. This report represents a consensus reached at that meeting on how the Working Group should proceed.

3.0 THE PURPOSE OF THE REPORT

This document outlines the major findings of subcomittees and describes a strategy for increasing the number of victims brought to the attention of helping professionals and for improving the services available to them.

This document represents a synthesis of the five subcommittee reports presented to the Working Group. A complete list of subcommittee recommendations, as presented to the Working Group, forms an Appendix to the Blueprint (see Appendix Two). The Blueprint itself, however, and its recommendations to government departments and community groups represents a collective whole. The Blueprint takes into consideration the findings of each report and presents a unified plan of action.

This Blueprint calls for action by community groups, government departments and academics. Its recommendations are not meant to be viewed or implemented in isolation. The Working Group wishes to stress the importance of a co-ordinated, unified response to the problems of child sexual abuse. The Blueprint is not to be viewed as a series of unconnected recommendations from which individual suggestions for improvement can be selected at will. The recommendations of the Blueprint are interdependent - they depend on each other for overall success.

A comprehensive application of the recommendations in this Blueprint will, in the opinion of the Working Group, serve to fill the gaps in services identified by subcommittees.

3.1 Priority Issue: Co-ordination

It quickly became clear during research by subcommittees that the most important element lacking in how our community now responds to child sexual abuse is a **co-ordination of existing services and efforts** by community agencies, youth serving groups, educators and government protection workers. Many examples of missed opportunities to collaborate on referrals, to share awareness of materials, to acquire educational information, to learn about new initiatives, and so on, were discovered by subcommittee members. There is an appalling lack of knowledge among professionals, lay staff and volunteers working with youth about the services now available in agencies and organizations, often for the asking, within their own community.

This is the case simply because no one group or organization has been assigned the task of co-ordinating information flow among the many parties involved in child sexual abuse. A **co-ordinating position** must be established to fill this role and it must be community-based. No one government department, hospital, or helping agency is responsible for the multi-faceted problem of child sexual abuse. Although the Department of Social Services has the specific, legislated mandate for child protection in Newfoundland and Labrador, it is not correct to assume that this Department must assume total responsibility for all aspects of this abuse. Child sexual abuse is not simply a child protection issue. Responsibility for dealing with the sexual victimization of young people cuts across many government departments, all groups dealing with young people, many groups dealing with adults, the health care system and the justice system.

A community-based Co-ordinator of Services would enable the Working Group to work in conjunction with all departments, agencies and groups involved in implementing improved services to victims and offenders.

The Blueprint for Action, therefore, includes a model for implementation based on the establishment of a Co-ordinator of Services. The Co-ordinator's position will be community-based to ensure the greatest possibilities for co-operation among diverse groups. An expanded, voluntary, multi-agency Working Group on Child Sexual Abuse will give direction to the Co-ordinator of Services.

4.0 THE MANDATE OF THE WORKING GROUP

The Working Group was given an overall mandate to sort through the general issues of child sexual abuse and develop a plan of action based on key community needs. It was agreed by those who supported the committee's formation that long-term strategies for action could be developed only after a period of investigation into five specific areas. Although the Working Group was primarily community-based, official government representation from various departments was seen as crucial to the success of investigations. Invitations were extended to and accepted by the provincial departments of Social Services, Justice and Health and representatives were appointed.

4.1 Subcommittee Mandates

Subcommittees were assigned fairly specific tasks: to investigate local issues particular to their subject headings and to report to the Working Group on their findings, thereby providing the main committee with a basis for future action. All subcommittees were asked to make recommendations for improving services to victims of child sexual abuse and offenders.

The Services subcommittee was asked to examine the

availability of existing community services and supports for victims and offenders. The subcommittee was asked to identify gaps in these service systems and suggest improvements. The **Education** subcommittee was asked to review public awareness and prevention programs. Subcommittee members reviewed all major print materials, visual aids and specific programs on child sexual abuse generally known to be in use, as well as their accessibility to the community. The task of the **Justice** subcommittee was to review current methods of interviewing abused children and to examine issues related to court testimony, including supports available for children and families going through the judicial process. The **Policy Review** subcomittee examined existing provincial policy related to child sexual abuse and reviewed recommendations regarding policy issues as outlined in the Badgley Report. The **Treatment** subcommittee was asked to review, assess and propose various treatment models for victims and abusers.

4.2 Areas for Further Research and Investigation

The needs of child sexual abuse victims must be assessed on a provincial basis. The Blueprint for Action is not provincial in scope because lack of funding for the Working Group prohibited research beyond that which could realistically be carried out by voluntary methods in the St. John's region.

Reasons for the current under-reporting of child sexual abuse should be researched on a regional and provincial basis. The Working Group saw no need to slow its investigative process by creating definitions or redefinitions of child sexual abuse. This task has been completed in numerous reports, most of them national, the most recent of which is the Badgley Report on

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N.B.: The Badgley Report on Sexual Offences Against Children and Youth (1984) is referred to throughout this document as the Badgley Report.

Sexual Offences Against Children. It is clear from provincial records that the crime of child sexual abuse is greatly under-reported in the Province, regardless of definitions of the crime or statistical measures of occurrence in the population. (A discussion on occurrence rates in the Newfoundland context forms Appendix Three.) If currently accepted rates of occurrence are applied to the Newfoundland population, actual reports of child sexual abuse to authorities in Government may represent as little as one per cent, or lower, of actual occurrence. Research into the reasons for widespread under-reporting must be examined in detail. This research must be provincial in scope.

5.0 SERVICES SUBCOMMITTEE: REPORT ON FINDINGS

The Services subcommittee of the Working Group was asked to examine the availability of services in the community to the victims of child sexual abuse and the extent of services to offenders. Protection services were examined and preventative programs were reviewed. The availability of community-based counselling and residential services was looked at by the subcommittee and attempts were made to determine what services are available to offenders. The subcommittee found a need for greater co-ordination and improved services in three areas: (1) emergency response; (2) general awareness; and (3) follow-up of individual abuse cases.

5.1 Lack of Co-ordination

The lack of co-ordination in services to victims is spread throughout the system but begins at disclosure of the crime. No crisis line exists into which calls for assistance from the general public can be channelled. It is essential that a government social worker be informed of abuse whenever it is detected. Because there is no one centre accepting emergency referrals, individual responses to sexual abuse are made by police officers, teachers, hospital social workers, volunteers

working with youth and so on. Some of these groups may in fact have established procedures which are to be followed in the event of suspected child sexual abuse, although many have not, and these individual protocols are helpful. What is missing, however, is a co-ordinated response to child sexual abuse by the various agencies and departments which come into play when a case is identified. Law enforcers, government protection officials, and representatives of the judiciary must not subject a young victim of sexual abuse to a litany of procedures. Instead, they must co-ordinate their response and provide multiple intervention services at the earliest possible point following disclosure. The Services subcomittee believes that a personal (and almost invariably a family) crisis is invoked at disclosure. This crisis is exacerbated by repeating interviews, procedures, and examinations. A community response protocol must be developed, and adhered to by police, social workers, medical officers, and prosecutors. All sexual abuse cases must come to the immediate attention of one central authority, equipped with crisis telephone services, responsible for ensuring the co-ordination of these services and reducing trauma to the victim and family.

5.2 Lack of Training

The Services subcommittee was told repeatedly by social workers, shelter staff and community workers that their education on child sexual abuse and related matters, including how to intervene effectively or provide counselling, was self-directed. Lacking academic training and in-service programming, these workers relied on job experience, conferences, personal reading material and other ad hoc sources for their learning. This lack of training was noted by social workers, teachers, nurses, and others in daily contact with children and victims. Lack of training was also evident in the voluntary youth-serving sector.

One of the more immediate drawbacks of lack of training on sexual abuse matters relates to reporting. There is a legislative requirement in Newfoundland and Labrador to report child abuse to the Division of Child Welfare (the Director, or any social worker) within the Department of Social Services. General lack of knowledge about legal liabilities is a concern in some groups, notably teachers. Awareness among professionals and non-professionals about legal reporting requirements must increase. In-service training would be helpful in this regard.

5.3 Scope of the Adult Problem

The needs of adult survivors of incest and other forms of sexual abuse are not the subject of any regular programming or follow-up. Not all persons who have been sexually abused while young remain in need of support services as they grow older. However, adults continuing to cope with unresolved personal difficulties stemming from childhood abuse are over-represented in some populations in need, such as those in transition houses. The needs of these individuals have not been met until the source of some of the anguish in their lives is discovered, possibly years after the fact, in group or individual counselling on other issues. The Services subcommittee was unable to determine the scope of the adult problem because adult survivors are apparent only in small, selected populations. They are not seeking assistance on their own, for example from community counselling agencies such as those operated by churches. This suggests that those adult survivors who do need assistance stemming from childhood abuse may continue to do without help and support unless other needs in their lives result in counselling (or shelter) services.

The Services subcommittee felt that adult survivors who may need assistance are not seeking that assistance because no one identifiable group has emerged in the community to which they can turn for help. Adult survivors' groups, to which victims can self-refer, are needed.

5.4 Services for Offenders

Counselling and treatment services for child sexual abuse offenders are now dependent on the availability of individual psychiatrists or community workers who will accept referrals in this area. No centralized treatment program with standard formats or regular times of operation exists in the community. Attempts are being made at the Waterford Hospital to establish a group counselling service for incest offenders and the efforts of the hospital's Social Work Department should be encouraged and supported. Co-ordination with the prison system will be necessary.

6.0 EDUCATION SUBCOMMITTEE: REPORT ON FINDINGS

The Education subcommittee of the Working Group reviewed print and visual materials which are available for educating the general public, professionals, and voluntary organizations on sexual abuse issues. Programs and materials for educating children in prevention were also reviewed.

Subcommittee members also tackled the subject of educating young persons on the serious consequences of becoming an offender - very often a missing link in educational materials. Although it is not possible to identify "potential" sex offenders in a young population, some young persons obviously grow up to become offenders. The subcommittee felt it essential that educational materials available to young people address not only the issue of the right to a safe body; the serious emotional, mental and other health consequences of becoming an offender, **to both** the **offender and the victim** must be addressed in children's education. The subcommittee's report to the Working Group stated that professionals dealing with children must be encouraged to emphasize that child sexual abuse is criminal behaviour punishable by law.

6.1 Public Awareness

In the absence of any general public awareness programming, the subcommittee feels strongly that members of the general public have often ignored the problem and need to be encouraged to take their share of responsibility for eradicating the problem.

The subcommittee recommends that Saturation (non-alarmist) be the key-word in a massive public awareness program stressing the duty of individuals to report child sexual abuse. Without such initiatives, the subcommittee feels that members of the general public will continue to remain unaware of their responsibilities in decreasing sexual abuse. Central to the awareness campaign should be the message that it is the responsibility of every individual to recognize and assist in erasing child sexual abuse.

A special child-centred public awareness campaign should also be initiated, aimed directly at children. The campaign should centre on the preventative messages, "You can say no", and "It's okay to tell".

(The Badgley Report on Sexual Offences Against Children recommended establishing a national health promotion and education program focusing on the needs of young people, specifically in relation to child sexual abuse. Subcommittee members endorse the recommendation and urge that it be implemented. Such a program, however, should not take the place of preventative education and awareness programs recommended for immediate provincial implementation.)

6.2 Formal Preventative Education for Children

The Education subcommittee is convinced that the school system provides our community with the greatest, most widespread and most efficient opportunity for providing preventative education to children. Current curricula, including the Family Life

Course outline, fail to adequately address child sexual abuse, victimization or preventation. The subcommittee says steps should be taken immediately to provide emphasis on general abuse and sexual abuse in school curricula at all grade levels. Teachers and other officials must receive the training necessary to enable them to recognize and deal effectively with child sexual abuse victims. Schools should be included in any awareness campaigns undertaken by government.

6.3 Target Groups for Implementing Preventative Education

While the school system may be central to awareness education, and while the public purse may be tapped for general awareness campaigns, there are other groups in our community which the Education subcomittee feels should take leading roles in educating children about recognizing and dealing with sexual abuse. These include but are not limited to: members of the legal profession, police forces, academics, youth-group leaders, day care personnel, parent-teacher organizations, medical professionals, clergy, libraries and retail bookstores. Many of these groups do, in fact display, dispense or otherwise make available material on sexual abuse, prevention and related issues. Their efforts are, however, mainly ad hoc and uncoordinated. A central clearing house of information on child sexual abuse is recommended and as a matter of course certain initiatives should be undertaken: youth groups should include information on sexual abuse in their programs, libraries should ensure access to suitable reading material on abuse, teachers should be trained to recognize abuse and social workers should be trained in effective intervention procedures.

The Education subcommittee found an abundance of print and visual material available in the community on child sexual abuse. The material is under-utilized, however, because it is developed and utilized by specific groups in isolation from others. A capacity for sharing materials exists among numerous community and educational groups but has not been explored.

7.0 JUSTICE SUBCOMMITTEE: REPORT ON FINDINGS

The Justice subcommittee limited its investigation to reported cases of child sexual abuse and to how those particular abuse victims are dealt with once they have come into contact with the justice system. This required the subcommittee to examine how victims are initially introduced to the justice system following disclosure of the crime, and secondly, what legislative factors (primarily Federal) inhibit satisfactory disposal of court proceedings from the victim's perspective.

7.1 Need for Co-ordinated Response

The Justice subcommittee, like other subcommittees of the Working Group, sees a need to co-ordinate agencies and professionals currently responding to incidents of child sexual abuse. Members of the subcommittee believe that the prosecutorial function must be included in an integrated range of services provided when the abuse is initially investigated by helping professionals. Just as there is valuable information required by a social worker, a health care worker, or a law enforcement officer in the initial and continuing stages of an investigation, there is initial information required by court officials who will be responsible for representing the victim's rights if there are subsequent criminal proceedings against offenders.

The subcommittee supports a co-ordinated, multi-agency response to incidents of child sexual abuse in order to decrease duplication of victim interviews and to hasten the process of justice. Operational protocols have been developed in parts of British Columbia, Manitoba and Ontario which could serve as models for co-operation in our community. Examples were appended to the subcommittee's report.

Inter-agency co-operation will be initially required by the Department of Justice, the Department of Social Services (Child Welfare Division), the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police and health care facilities.

7.2 Required Legislative Changes

The Justice subcommittee reviewed recommendations contained in the Badgley Report pertaining to the Criminal Code, the Canada Evidence Act, and the Young Offenders Act. The subcommittee is in agreement with the Report's recommendations.

The Justice subcommittee believes, as recommended in the Badgley Report, that a child should be viewed as competent to testify in court and that a child's evidence be admissable; in short, that no special rules should apply with respect to that legal competence. Currently in Canada children must be tested by presiding judges as to their understanding of truth before an oath of truth can be sworn and testimony be given. The subcommittee says the requirement, especially when a child victim is young (up to ten years), may preclude the prosecution of an alleged offender, even though it is clear that an offence has occurred. The truthfulness of children's testimony has been asserted in Canadian research. Legislation requiring special tests of truthfulness and competency with children, federal or provincial, should be amended, removing these restrictions on a child's testimony.

The unsworn (see above) testimony of a child may be heard in court, but no conviction against an offender can be made solely on the basis of this unsworn testimony. In other words, corroborating (additional) evidence, independent of the witness, must be presented to strengthen the credibility of the unsworn testimony.* The Badgley Report and members of the Justice subcommittee are in agreement on the fact that no

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*Corroboration is an elusive concept in law and the reader is asked to review the Badgley Report: pp. 377-381. In general, however, corroboration may include evidence based on the complainant's condition or behaviour at the time of, or after the alleged incident; evidence based on the accused's condition or behaviour at, or after the alleged incident; or other factors, including medical or forensic evidence. N.B.: The requirement for corroboration **does not** require that sexual abuse be witnessed by a third party.

statutory requirement should exist for the corroboration of an unsworn child's evidence. The requirement (which was removed from legislation pertaining to adult victims of sexual assault in 1983) assumes that a child victim is less trustworthy than an older victim. It should be removed. Amendments are required, according to this recommendation, to the Criminal Code, the Canada Evidence Act, the Young Offenders Act and corresponding sections of provincial Evidence Acts.

The Justice subcommittee, like the authors of the Badgley Report, feels that laws relating to hearsay evidence need revision as they pertain to child sexual abuse court proceedings.

> Hearsay may be defined as a statement, other than one made by a person while testifying at a proceeding, that is offered in evidence to prove the truth of the matters asserted in the statement. As a general rule, a hearsay statement is inadmissable in evidence to prove the truth of the matters asserted therein. Although the exclusion of hearsay evidence has been justified on several grounds, the central justification is that the person who originally made the statement cannot be cross-examined to determine the reliability of his or her observations and the meaning which the statement was intended to convey (Badgley Report: p. 393).

There are some exclusions to this rule: professional oaths such as those taken by police and social workers. confessions or admissions of guilt by accused persons outside court, and, "excited utterances" - statements made by a person (i.e. a victim) while under the stress of nervous excitement, may all be admitted into evidence under certain circumstances, despite the fact that they technically amount to hearsay. However, out-of-court statements (oral or recorded) by child victims, unless they fall within one of the established exceptions to the hearsay rule, remain inadmissable in court. The Badgley Report says this exclusion means that a court of law may be precluded from hearing the most potentially relevant testimony available.

The Badgley Report says that out-of-court statements by a child about sexual victimization should be admissible in some instances. The Justice subcommittee concurs. However, there can be no hard and fast rules about every out-of-court statement and it is not recommended that such statements be accepted without question or review.

> In the Committee's view, whether a child's previous statements relating to his or her sexual abuse should be admitted in evidence as an exception to the hearsay rule is best approached on a case-by-case basis. An inflexible rule, whether inclusionary or exclusionary, would fail to take into account the wide variability of circumstances from one case to the next, and would be wrong in principle (Badgley Report: p. 399).

Therefore, the Badgley Report recommends, and the subcommittee agrees, that the provision for admitting a descriptive out-of-court statement be placed in federal and provincial evidence acts. A court hearing would be required, in the absence of a jury, to determine the reliability of such a statement. The statement could be oral or recorded.

Judges of the courts must have express statutory power to hold "in camera" any part of judicial proceedings related to child sexual abuse, according to the subcommittee. This recommendation is in agreement with findings of the Badgley Report on the need to obtain the fullest and most candid presentation of a child's testimony.

In addition, the subcommittee agrees with the findings of the Badgley Report pertaining to the publication of the names of young victims of sexual abuse; any public information serving to identify child victims, including the identity of accused persons which would lead to identification of the victim, should be banned by statute.

The Badgley Report stated that newspapers in Canada, generally regarded as representatives of the public in a court room, have practiced "commendable restraint" (p. 441) in refusing to publish information which might serve to identify young victims of sexual offences. However, the names of young victims have sometimes been published by legal reporting services (commercial ventures) available to judges, lawyers, law teachers, and law students (potentially thousands of persons). The Badgley Report views this as unacceptable. Some voluntary safeguards are in place, (i.e., reporting services may identify young victims by initial rather than names), but these safeguards are not absolute.

The subcommittee is in agreement with the Badgley Report when it recomends changes to the Criminal Code which would make it illegal for anyone to publish a report containing information which would serve to identify a child victim of sexual abuse.

8.0 POLICY REVIEW SUBCOMMITTEE: REPORT ON FINDINGS

The Policy Review subcommittee of the Working Group adopted terms of reference which focused on three areas. Members wished to determine what policies related to child sexual abuse exist within the Provincial Government, to address recommendations in the Badgley Report which have policy implications, and to identify issues which must form the basis for the development of any policies on this form of abuse.

The report of the subcommittee stressed that a great deal of preparation, co-operation and commitment will be needed from both government and non-government agencies, if the problems of child sexual abuse are to be addressed in any meaningful way.

8.1 Overall Provincial Policy

Only one overall policy related to child sexual abuse exists in the Province. This is the legislated requirement to report suspected child abuse and neglect. This provision, contained in the Child Welfare Act, includes sexual abuse. The Social Services Policy Manual, under revision at the time of the subcommitte report, contains numerous policies and procedures regarding the management of abuse and neglect cases although none appear to deal specifically with sexual abuse of children.

8.2 Lack of Policy

There were numerous areas outlined by the subcommittee in which policy issues need to be addressed. It was agreed that, should policy exist which was not known, or immediately available to subcommittee members, its existence was not serving the purpose for which it was intended.

No policies were evident relative to offenders. For example, there is no mandatory requirement for treatment of offenders; there are no policies on monitoring treatment programs and/or community-based prevention programs for ex-offenders.

No easily accessible central registry of identified child sexual abuse cases exists in the province.

Schools, hospitals, and other groups and programs lack identification mechanisms.

No policy exists requiring teachers to be trained in identifying and dealing with sexual abuse victims, or to be trained in teaching prevention.

8.3 Social Services Involvement

The Policy Review subcommittee reported a lack of understanding in some government departments (i.e. Justice and Health) about

the requirement for involving the Department of Social Services in every case of child sexual abuse. Involvement of that department, regardless of which party was first involved, is a requirement by law. Co-ordinated, interdepartmental policies would alleviate this confusion.

8.4 Priority Policy Issues

While the Committee identified many key policy issues, it felt two were of primary importance:

(1) it should be mandatory that any persons involved in child sexual abuse be provided with intensive in-service training in this area; and

(2) child sexual abuse cases should take priority on all court calendars.

9.0 TREATMENT SUBCOMMITTEE: REPORT ON FINDINGS

The treatment subcommittee accepts that the incidence of child sexual abuse is grossly under-reported. Victims are inhibited from disclosing abuse because of such factors as age, conflicting feelings, inability, threats or simply lack of understanding about the inappropriateness of the behaviour to which they have been subjected. There are few, if any, inducements for offenders to self-report because they are liable, and rightly so, for prosecution if discovered. These factors combine to ensure that child sexual abuse remains a largely hidden crime.

As a statement of principle, the subcommittee feels that sex between adults and children must be accepted as morally wrong - a position which cannot be refuted scientifically or empirically. For example, if the wrongness of sex with a child were to be based on a measureable concept, say degree of harm to a victim, the wrongness of having sex with children would be open to debate. Degree of harm or how permanent that harm might

be can depend on too many factors such as the nature of the child, inherent abilities to cope or the nature and number of abusive encounters. Therefore, an unassailable ethical position must be taken that sex between an adult and a child is wrong. A child is unable to give informed consent to sex.

9.1 Treatment Services for Victims

Services for victims of child sexual abuse currently amount to the protection services offered by the Government of Newfoundland and Labrador, health and prosecutorial services, and some community-based initiatives to assist adult survivors. The Treatment subcommittee report points out that services to victims are being offered by different professionals with varied individual experience and training. Standards vary. The subcommittee says it is essential that some minimum standards of formal training and practical experience be established for those who are counselling victims and providing therapy.

Treatment of victims must begin with an investigative assessment carried out by the least number of individuals. A core team of professionals involved in the initial investigation should continue to provide the child victim with support through the court process to minimize trauma.

Reassurance, support and therapy should be available to all child victims as necessary. Emotional issues related to anger, guilt, self-esteem, etc., need to be explored and dealt with in therapy as required.

9.2 Treatment of the Offender

The sexual abuse of children is wrong and offenders must be punished. Yet, this tendency towards punishment must be tempered at the time of conviction. Just as important, or perhaps more so, is the need to treat sexual deviance in an offender.

Treatment, not punishment, offers the greatest hope for realizing the goal for which all professionals strive - the prevention of further abuse.

The initial assessment and investigation of an offender, as for a victim, should be carried out by a core team. This does not now happen.

Currently, objective (mechanical) measures for determining the sexual inclinations of offenders are unavailable in Newfoundland although the subcommittee has been told that applicable technology may be available soon. In the absence of technological measures of deviance, therapists, such as psychiatrists, who work with offenders, must depend on less objective measures, primarily an offender's own account and history.

The offender may avail of any or all of three types of therapy currently provided by some private psychiatrists. These forms of therapy are: (1) psychotherapy aimed at resolving denial, guilt and/or anger, (2) behaviour therapy and (3) drug therapy. These treatment measures may be combined.

Psychotherapy can theoretically take place with individuals or with groups of clients. No group therapy is currently offered; all offenders who are now treated by psychiatrists receive individual treatment.

The courts may order mandatory therapy **as a condition of parole** for convicted offenders, but no treatement programs are mandatory during incarceration.

Just as the Treatment subcommittee has taken an ethical stand on the wrongness of child sexual abuse, it has reported on ethical issues related to treating offenders. The offender in a case of sexual abuse with a young person has taken away a child's freedom, has contravened the principles of society and

perhaps caused severe damage to the growth potential of a victim. It is, therefore, reasonable to expect that treatment must be undertaken by an offender. If refused, that treatment should be ordered by the courts. Mandatory treatment should apply to incarcerated offenders as well as those on parole.

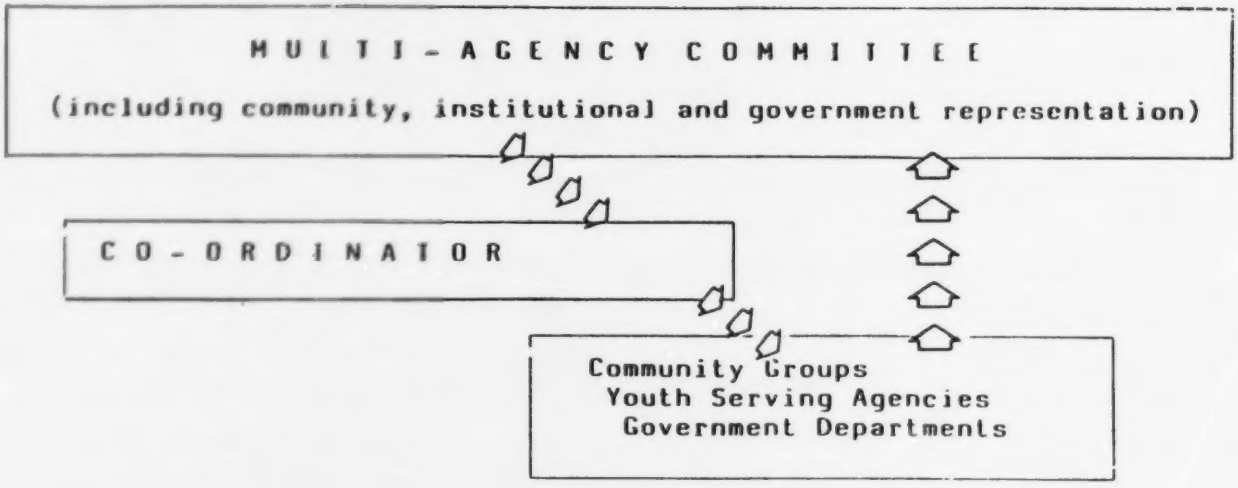
10.0 SUMMARY OF SUBCOMMITTEE FINDINGS

Each of the five subcommittees of the Working Group on Child Sexual Abuse reported that improvements in service delivery are needed. Each subcommittee reported a need for co-ordination among those agencies, departments and institutions now providing services to victims and offenders. The need for training among professionals and others working with children was an important theme common to the reports.

Service initiatives recommended by subcommittees included: improved crisis intervention, additional support for victims and families, policy formation, crisis telephone services, public awareness efforts, child education and a greater availability of in-service and academic training on issues of child sexual abuse, detection, reporting and intervention.

THE BLUEPRINT FOR ACTION
and
AN IMPLEMENTATION STRATEGY

THE MODEL



THE TEN-POINT ACTION PLAN

1. In-service Training
2. Development of Policies and Procedures
3. Co-ordination in Crisis Response
4. Crisis Telephone Services
5. Support Services for Victims
6. Public Awareness
7. Child Awareness
8. Services for Offenders
9. Academic Training
10. Standard Recording Mechanisms

THE BLUEPRINT FOR ACTION

The Working Group on Child Sexual Abuse has developed a ten-point Blueprint for Action. If each of the tasks outlined in this Blueprint is carried out, and each of these goals met, great strides will be made in the overall provision of services to the victims of child sexual abuse. The analysis which has taken place has clearly identified the weaknesses of the current system of services to victims and offenders. The next and most important step is to put in place a long-term structure which will enable positive steps to be taken in meeting the needs which have been identified during that analysis.

In order to ensure that the ten-point Blueprint for Action is acted upon, the Working Group proposes the following strategy. Responsibility for implementing the Blueprint must be assumed by a long-term, Multi-Agency Committee with community and government representation. This committee could comprise, in part, the existing Working Group but must include representation from additional key groups such as the Royal Newfoundland Constabulary and the provincial Department of Education. It must also include a family member such as a parent with prior involvement in the system.

This voluntary committee must be provided with competent staff.

The Working Group further recommends therfore, that a **Co-ordinator of Services** be provided, to work at the direction of the community-based, multi-agency committee.

A primary goal of the **Co-ordinator** will be to address the methods used to respond to initial complaints of child sexual abuse - those complaints which now involve the police, local hospitals and other professionals as investigations are launched. Police, social workers and medical representatives involved in complaints must adopt a joint protocol for response

Royal Canadian Mounted Police and health care facilities.

which addresses the need to decrease traumatization in victims and families. The **Co-ordinator** will assume responsibility for developing the protocol in co-operation with government and helping agencies and working towards its adoption as official procedure by those professionals intervening in child sexual abuse cases.

Other goals of the **Co-ordinator**, many of which could be accomplished if the Working Group/multi-agency committee acquires even time-limited funding, would include: assistance for community groups involved in developing policy, curriculum review, education, information-sharing and resource assistance for groups, agencies and government departments developing support and services for victims, offenders and the general public.

Rationale

Knowledge about the need for co-ordination in services to the victims of child sexual abuse is well-established among helping professionals now responding to, and dealing with, those young people and families affected by this crime. Needed at this point is not simple reaffirmation of that truth, but a workable mechanism for ensuring that existing services receive guidance in co-ordinating their efforts.

The model does not suggest that improved staffing in individual agencies and organizations is unnecessary. Instead, it is likely that this model affords the best opportunity for examining staffing needs and requirements for specialized positions (i.e., specialist prosecutors), requirements for flexible or extended hours (i.e., by therapists and specialist police officers), or child advocates (for those involved in court action).

The Working Group on Child Sexual Abuse found encouraging signs in the community, and enthusiasm in many quarters, of support for a more co-ordinated approach in this field. Needed now is leadership by a defined and visible structure put together expressly for the purpose of meeting that goal. The expanded, longer-term multi-agency committee will fill that role and its **Co-ordinator of Services** will serve as a catalyst for improvements undertaken by the many service-providers working with victims and perpertrators of child sexual abuse.

The ten-point Blueprint for Action follows.

Point One: Training (In-Service)

There is widespread need for training among people who are in positions of trust with children, including teachers, day-care workers, foster parents, volunteers and other youth-serving staff; therefore:

> **the Working Group recommends that training programs in issues of child sexual abuse, its detection, reporting procedures and requirements, and appropriate intervention procedures be developed by government for distribution to teacher workshops, community groups and youth serving agencies.**

The Working Group acknowledges positive initiatives by the Department of Social Services in developing staff training for its protection and social assistance workers and recommends that this training continue on a regular basis. However, the need addressed in this recommendation is for a program which is used by all groups with access to children. Material for such programming is in existence, and indeed, readily available, although co-ordination is required. Provincial government departments must actively encourage the use of these training programs by community groups.

In-service programming must be provided regularly over time to ensure universal access, by teachers and other youth leaders, to this important information. The programming must be incorporated into the general orientation now given to foster-parents.

Current street-proofing programs include much parent-oriented material which could be introduced into in-service training.

Point Two: Policy and Procedure

Government departments responsible for children and for child development must establish and enforce policies and procedures on responding to the crime of child sexual abuse. All community groups involved in caring for, educating and helping our children and youth must make similar efforts; therefore:

> **the Working Group recommends that each provincial government department involved with issues of child sexual abuse establish and enforce a co-ordinated, interdepartmental policy on response to this abuse, and that all community agencies dealing with children and youth be encouraged to develop and adopt these or similar, appropriate, written policies on response to child sexual abuse.**

Policies of provincial government departments **must** be adopted in conjunction with each other: these policies must be interdepartmental. Community groups dealing with children and youth must accept responsibility for educating themselves, their staff and volunteers on the required response to incidents of child sexual abuse which may be brought to their attention.

Point Three: Co-ordination in Crisis Response

While the Working Group on Child Sexual Abuse has rejected the need for a completely new agency to respond to abuse cases it must be underlined that there are sufficient numbers of child sexual abuse cases to warrant more professional staff attention to this problem. Current agencies and services involved in responding to individual cases must be required to co-ordinate their initial assessments, investigations, and follow-up case-management. A team approach to intervention must be developed: therefore:

the Working Group recommends that appropriate measures be taken to develop co-ordinated response protocols among service providers who respond to reports of child sexual abuse.

Teams must include child welfare workers, law enforcement officials, medical personnel and specialist prosecutors. The aim of team intervention must be to decrease duplication during investigations (especially multiple interviews or multiple transport of victims, such as between hospitals). The introduction of a team response to crisis cases of abuse would be facilitated by the introduction of a crisis telephone line.

Team approaches do not decrease the need for additional support services for victims and families which may be determined during the social assessment of an abuse case. Intervening professionals will continue to need more access to day-care, homemaker and other family-support services, including parenting instruction, many of which may be required over extended periods. The Provincial Government must examine the availability of these services with a view to expanding them.

Point Four: Crisis Telephone Services

There is no easily accessible, identifiable means in the community for reporting child sexual abuse by members of the general public, including victims who may wish to self-refer; therefore:

the Working Group recommends the introduction and support of crisis telephone services for suspected cases of child sexual abuse.

Although reports of sexual abuse are currently increasing, this trend cannot be depended upon to ensure the greatest possible reporting. Increases in reporting are due to ad hoc increases

in awareness and pockets of knowledge in the community about how to report sexual abuse. Crisis telephone services offer the best opportunity for the most representative reporting. This service is a Provincial Government responsibility.

Crisis telephone services will need to be adequately staffed in terms of around the clock coverage and in terms of qualified professionals able to respond effectively to crises. This is especially important because child sexual abuse is unlikely to be the only form of abuse reported to such a service. Physical abuse and domestic violence involving all age groups are also likely to be reported.

Benefits of introducing crisis telephone services would include, but not be limited to, the following: (1) requests for help would be centralized (professionals aware of abuse would be required to utilize this service as well); (2) co-ordination among social, medical and legal representatives of helping organizations would be enhanced; (3) response time to crises would be decreased thereby decreasing victim trauma; (4) a centralized body of knowledge, experience and procedures would be developed.

Point Five: Support Services for Victims

Victims and families require support over extended periods. Many victims do not disclose abuse, seek assistance or are not detected until they are beyond the legal age for protection (age 16); therefore:

> **the Working Group recommends that it assume the task of facilitating the establishment of support and self-help groups for children, adolescents and adult survivors to which professional and self-referrals may be made.**

The Co-ordinator for the Working Group will immediately address these tasks and act as a resource person for agencies and government departments involved in developing victim support systems.

Current initiatives in the community must be encouraged. The Working Group views this particular task as one which must remain community-based. Research by subcommittees indicates an immediate need to address support for adult survivors of incest and other forms of child sexual abuse.

Point Six: Public Awareness

Greater public awareness of child sexual abuse, its occurrence, its pervasiveness and its detrimental effects on victims and offenders must be facilitated. Current awareness is increasing in an ad hoc, unco-ordinated fashion, based mainly on media reports of criminal proceedings or on reading material that is often available only to selected groups. Greater public awareness will increase the number of victims brought to the attention of helping professionals; therefore:

> **the Working Group recommends that a major awareness campaign for the general public be established and supported by the Government of Newfoundland and Labrador. A special awareness program must be developed which is aimed directly at children and youth. Television, radio and print media must be utilized.**

Public awareness programming aimed at adults must centre on responsibilities for reporting and must include educating potential reporters of abuse on the proper and most effective use of crisis telephone services.

An abundance of literature and audio visual aids exists which can be considered in the development of this awareness programming. The awareness campaign should be jointly

developed and operated by the provincial departments of Social Services, Health, Education, Justice and Career Development (which is responsible for Memorial University).

Point Seven: Child Awareness

An aware child is a safer child. Children are at risk; their general education must address issues of personal safety to decrease victimization; therefore:

> **the Working Group recommends that the Department of Education develop curricula on personal safety and child sexual abuse, and that its instruction in the school system be required at all grade levels.**

Instruction should not be limited to primary, elementary or secondary grades. Pre-school and day-care centres should be included. The instruction must be standardized and available throughout the entire education system, not just on a board-to-board or school-to-school basis.

The purpose of such programming would be to ensure that the greatest possible number of children receive comprehensive safety information in a standardized factual format. Current street-proofing programs contain a wealth of information which could be included in school curricula.

Point Eight: Services for Offenders

Treatment and self-help services for known offenders and those who may self-refer must be given high priority. Treatment, not just punishment or the fear of punishment, offers the best hope for preventing the occurrence and recurrence of child sexual abuse. There must be a greater emphasis on treating offenders; therefore:

the Working Group recommends the establishment of counselling services for abuse and incest offenders under the auspices of a core group of therapists which includes social workers, psychiatrists and community-based counsellors associated with organizations such as the John Howard Society.

Current efforts by the Social Work Department at the Waterford Hospital to establish a group-counselling service for incest offenders should be encouraged. Co-ordination with the Justice system must be included.

The core group should include in its initial priorities: (1) the development of case conferencing; (2) lobbying to increase the legislated power of judges to order mandatory therapy for known offenders; and (3) the promotion of research into the needs of offenders.

Point Nine: Training (Academic)

Professionals working with children, families and abused adults report a severe lack of academic training in sexual abuse issues as they relate to young people; therefore:

the Working Group recommends that the Memorial University School of Social Work require study in the area of child sexual abuse and its ramifications at the bachelor level of instruction, and, that the Faculty of Education at Memorial University require study in issues of child sexual abuse including detection, intervention and reporting at the bachelor level of instruction. Co-ordination with the Faculty of Medicine and the School of Nursing should be undertaken. Curricula in each professional school must be reviewed and upgraded in this area.

Professionals about to enter into public service in our community must receive adequate, basic, theoretical training in occurrence rates, offence patterns, statistical relationships, family dynamics, the problems of adult survivors and legal issues. The aim of this recommendation is to provide those professionals who have greatest access to our children with an academic background designed to meet the professionals' needs related to assessment, intervention and follow-up which may arise in the workplace. Adequate academic training will not decrease or eliminate the need for in-service programming among professionals in the field.

Point Ten: Standardized Recording Mechanisms

The Working Group determined that there is a need to standardize recording mechanisms in our community if proper statistical information on child sexual abuse is to be collected and managed. No standard format is available from which an adequately accessible registry can be constructed or from which research data can be obtained. The Badgley Report stated that Child Abuse Registers, as they are currently maintained in Canada, are under-utilized and do not always reflect even the most serious incidents of reported abuse; therefore:

> **the Working Group recommends that the Newfoundland Statistical Agency be required to develop a uniform, standard, recording format for cases of sexual abuse which will ensure confidentiality but facilitate the collection of comprehensive statistical information for public use, research studies and annual reports.**

Standard recording forms must be widely distributed by government among those dealing with children and youth for submission to the Division of Child Welfare.

Closing Comment

The Working Group on Child Sexual Abuse sensed a real desire among many service providers, agencies and government departments to increase their capacity to assist victims of child sexual abuse and a willingness to work together to effect improvements in service provision. These improvements include, but are not limited to, the development of child protection committees, the willingness of police to develop sensitive interviewing skills, the desire of teachers to place priority on child abuse issues and recognition in government of the need for specialized training in sexual abuse issues.

The opportunity to capitalize on this community willingness must not be lost. There remains a major task of ensuring co-ordination among the many persons, agencies, departments and professionals who are involved in this field. The Working Group has proposed a strategy for dealing with the need for co-ordination, a strategy which will work.

The Working Group on Child Sexual Abuse is willing to assume responsibility for lending guidance in the areas where potential for improvement has been identified. Both the Federal and Provincial Governments have demonstrated their recognition of child sexual abuse as a major social problem requiring further attention. As detailed in this report, our community now needs a structure which will facilitate improvements in service.

Government funding for a community-based Co-ordinator of Services will be sought.

APPENDIX ONE

MEMBERS OF SUBCOMMITTEES

SERVICES SUBCOMMITTEE OF THE WORKING GROUP

Joan Fuller — Co-chairperson
Janeway Child Health Centre

Darlene Scott — Co-chairperson
Community Services Council

Sheila Devine
Department of Social Services

Bernice Langdon
Prince of Wales Collegiate

Kathie Eaton
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Lynette Pike
Children's Rehabilitation Centre

Peggy Gosine
Department of Social Servics

Elizabeth Crawford
Department of Social Services

EDUCATION SUBCOMMITTEE OF THE WORKING GROUP

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Newfoundland-Labrador Human
Rights Association

Sharon O'Rourke
Newfoundland-Labrador Human
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Joan Follett
Janeway Child Health Centre

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Jean Wells
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Kathy Williams
Teacher

June MacDonald
Parent

Constable June Layden
Royal Newfoundland Constabulary

Harsha Pujara
Janeway Child Health Centre

Shirley Quilty
Department of Social Services

Sheila Devine
Department of Social Services

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Beth Lacey
Women's Centre

POLICY REVIEW SUBCOMMITTEE (cont'd)

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Provincial Advisory Council on
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Marian Atkinson
Newfoundland-Labrador Human
Rights Association

Patricia Balsom
Department of Health

Gordon Husk
John Howard Society

Rosalind Pratt
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Faculty of Medicine, MUN

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Sabrina Mathusz
Planned Parenthood Volunteer

Dr. Suzan Banoub
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Marilyn McCormack
Department of Social Services

Debbie Patten
St. John Ambulance

Leonard Norman
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TREATMENT SUBCOMMITTEE (cont'd)

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Janeway Child Health Centre

Dolores Clements
Emmanuel House

Stead Crawford
Department of Social Services

Tom Mills
Department of Justice

Dr. David Aldridge
Department of Health

APPENDIX TWO

Complete List of Recommendations Submitted to the Working Group by Its Five Subcommittees

1. SERVICES SUBCOMMITTEE
2. EDUCATION SUBCOMMITTEE
3. JUSTICE SUBCOMMITTEE
4. POLICY REVIEW SUBCOMMITTEE
5. TREATMENT SUBCOMMITTEE

COMPLETE SUBCOMMITTEE RECOMMENDATIONS TO THE WORKING GROUP ON CHILD SEXUAL ABUSE

Services Subcommittee Recommendations

The following were identified by subcommittee members as needed:

1. A crisis line, professionally staffed, 24 hours daily.
2. A specialized response unit staffed by relevant social, medical, and justice professionals with specialized training in the field of child abuse and neglect.
3. An assessment centre for determining the needs of families and how those needs would best be met.
4. Self-help groups for the victims of child sexual abuse to which people can self-refer, and the development of adult survivors' groups.
5. Training in the area of sexual abuse for foster parents and additional training for social workers and social assistance workers in this field.
6. Increased efforts in public awareness programs geared towards creating a better understanding of detection and reporting requirements.
7. More, and co-ordinated, data collection on incidence; research into sexual abuse incidence rates and research into the availability of services outside the St. John's region.

Education Subcommittee

The following recommendations were identified by subcomittee members:

1. That the status of the booklet What Everyone Should Know About Child Sexual Abuse be clarified immediately and that the booklet, or a similar publication which provides the same information, be made available to all schools and youth groups in the province.
2. That the booklet Child Sexual Abuse produced by the St. John's Rape Crisis and Information Centre be given serious study by the Departments of Social Services and Education with an aim to having one or botn of these departments provide funding to have this booklet reprinted immediately.
3. That the program implemented by the Big Brothers Organization be adapted for use in other areas and by other organizations which deal with children in this Province. Other organizations should take advantage of this program and make use of it without delay. (Adaptations will be necessary.)

4. That funding be made available to enable the streetproofing program to become a permanent part of the child welfare system; that the program continue to operate under the auspices of the Janeway Child Health Centre, with one part-time co-ordinator (possibly working in conjunction with other child protection services and funded initially by one of the various government grants) to organize workshops, work with volunteers and assist parents and professionals to set up the program in other parts of the Province.

5. That a central, provincial clearing house of information on the prevention of child sexual abuse be established. This clearing house would provide a listing of all print materials, visual materials and aids, and prevention programs which are presently used in the Province. It would provide the necessary data on how to obtain copies and make use of the listed resources. It should be periodically updated to include new information on new programs which come on stream. It should be made available to all those groups, organizations, libraries, and professionals which have contact with, and are responsible for, the welfare of children. The cost of this clearing house should be borne by the Provincial Government.

Further, and in conjunction:

6. That a permanent task force be established to oversee and monitor materials and programs which are used in the prevention of child sexual abuse. This task force would be charged with the mandate to co-ordinate programs to ensure that they are in the best interests of the child and that the materials and programs used are the best that are available, and are suited to the particular age group for which they are intended. This task force should include representatives from government, professionals and volunteer groups.

7. That a crisis line for child sexual abuse be established with a central telephone number which is available to everyone. Professional staffing by qualified personnel will be essential.

8. That the Government of Newfoundland and Labrador through appropriate Government Departments, in consultation with interested groups and agencies, embark upon a massive public awareness campaign designed to educate the general public on the problem of child sexual abuse. The key to this campaign should be a saturation of the public with the knowledge that the problem does exist, that it is increasing daily, that it will not go away, and that it is the responsibility of every individual to recognize the problem and assist in its eradication. The Provincial media should recognize their public responsibility and devote air time and press time to implement this campaign without charge. Included in the campaign would be identification methods for recognizing victims and offenders.

9. That the Government of Newfoundland and Labrador embark upon a child-centred public awareness campaign designed to educate the public in the problem of child sexual abuse through the use of posters and public billboards. The posters should be placed in areas where they can receive the most exposure, such as on buses, in shopping centres and stores, in hospitals and libraries, and all places where there is a large amount of public traffic. There should be a special poster campaign directed at children using both the approach "You can say no" and "It's okay to tell".

10. That all youth groups, but especially those which deal with young children, include in their programs information on child sexual abuse.

11. That libraries, especially those devoted to small children, make available to children and parents books suitable to their age group which explain child sexual abuse and what they should do if confronted with such a problem. It goes without saying that the libraries should have an ample supply of such books in their listings. Additionally, libraries should regularly present special programs to children dealing with child sexual abuse.

12. That the required student-teaching courses currently offered by Memorial University of Newfoundland include a section on child sexual abuse designed to inform potential teachers of their responsibility in this area and to educate them in recognizing victims of child sexual abuse.

13. That the School of Social Work at Memorial University of Newfoundland offer a mandatory general course in child abuse with emphasis on child sexual abuse to better train potential social workers to deal with the problem when it arises in their job situation.

14. That day care centre personnel be specially trained to identify early signs of child sexual abuse.

15. That a preventative education program be developed for use in the Province's schools aimed at educating people in the serious consequences child sexual abuse may cause to the offender's mental and physical health and to the physical and emotional stability of victims of this crime.

16. That professionals dealing with children be encouraged to emphasize that child sexual abuse is criminal behaviour and punishable by law.

17. That steps be taken immediately to include child abuse, with emphasis on child sexual abuse, in the Family Life curriculum in all our schools with a major emphasis directed at implementing the new program in the primary schools with the intent of carrying this through to the higher grades.

18. That teachers and other school officials receive the proper training necessary to enable them to recognize and deal with the problem of child sexual abuse, its victims and offenders.

19. That the schools be included in any preventative education campaign established by the Provincial Government, and that the Government implement special programs designed for use in schools to help deal with the problem.

Justice Subcommittee Recommendations

These changes would require intervention by the Provincial and Federal Government as each is responsible for one of the two recommendations:

1. A "team" response to investigation, prosecution and support of victims and offenders should be adopted locally. The policy of the B.C. Attorney General's office is commended as a workable approach for our area.
2. The laws regarding the reception in court of evidence of children as contained in the Criminal Code, the Canada Evidence Act and the Young Offenders Act should be changed to allow every child the right to be "heard" in court.

Policy Review Subcommittee Recommendations

The committee agreed on some specific issues which should be developed into Government Policy:

1. All aspects of addressing the issue of child sexual abuse should be from a child-centred perspective.
2. Intensive training should take place for all professionals involved in child sexual abuse (i.e., police, courts, lawyers, judges, doctors, social workers, nurses, etc.).
3. There should be established, through Government funding, a "crisis line" for offenders, ex-offenders and potential offenders, as part of an overall prevention program.
4. There should be a quality follow-up program for male child victims which serves to "break the cycle" of the co-relation between male child victims and male adult offenders.
5. There should be a quality follow-up program for female child victims which serves to break the cycle between female child victims and female adult victimization(e.g., the greater possibility of becoming a battered woman, a prostitute, a substance abuser, a victim of depression).
6. There must be a protocol developed by hospitals, Social Services and Justice which:
   - identifies the sexual assault victim;
   - addresses the physical and emotional needs of that victim in the most non-obtrusive way;

- eliminates time delays between identification and action;
- allows the child to participate, as much as possible, in the decisions that will affect him or her;
- forces these departments to co-operate with each other for the benefit of the child involved. Departments should not feel that they "own" a certain piece of the "case".

7. It is recognized that the Judicial System often necessitates extreme time delays between initial identification of a crime and the prosecution of that crime. Full court calendars are but one of the reasons.

   It should be agreed, however, that child sexual abuse cases will always take precedence over any other crime. This agreement is important because:

   - children's memories may not be as long-term as adults';
   - an important part of the healing process for children is to be able to distance themselves from the event;
   - an offender, back into the community after arrest, is a constant source of fear for the child;
   - where the offender is a parent, or parent substitute, the family situation may be in chaos for many months. This may also result in a constant pressure on the child (e.g., the child may be in temporary care pending an outcome; pressure to change his/her mind; pressure to "feel sorry" for the offender).

Treatment Subcommittee Recommendations

These issues were identified for primary consideration:

1. Prohibition of sex with children should primarily be based on children's inability to give informed consent.

2. An association of those therapists dealing with the victims and offenders of child sexual abuse should be formed. The association should form a core resource group. It should explore establishing minimum standards for qualifications of therapists.

3. The victim should be assessed and treated for sequelae of sexual abuse and any other illness that is found to be present.

4. The offender should be assessed and treated for sexual deviation, if present, and any other illnesses found to be present.

5. We recommend that legislation be enacted to give courts power to order treatment for sexual deviation.

6. We recommend that rules of evidence in court be changed to allow a child victim's testimony to be given in a videotaped form. If the child's testimony is necessary then it should take place in the privacy of the judge's chambers. The jury should see videotaped evidence only.

7. Technology to make objective diagnosis of sexual deviation should be made available in Newfoundland.

APPENDIX THREE

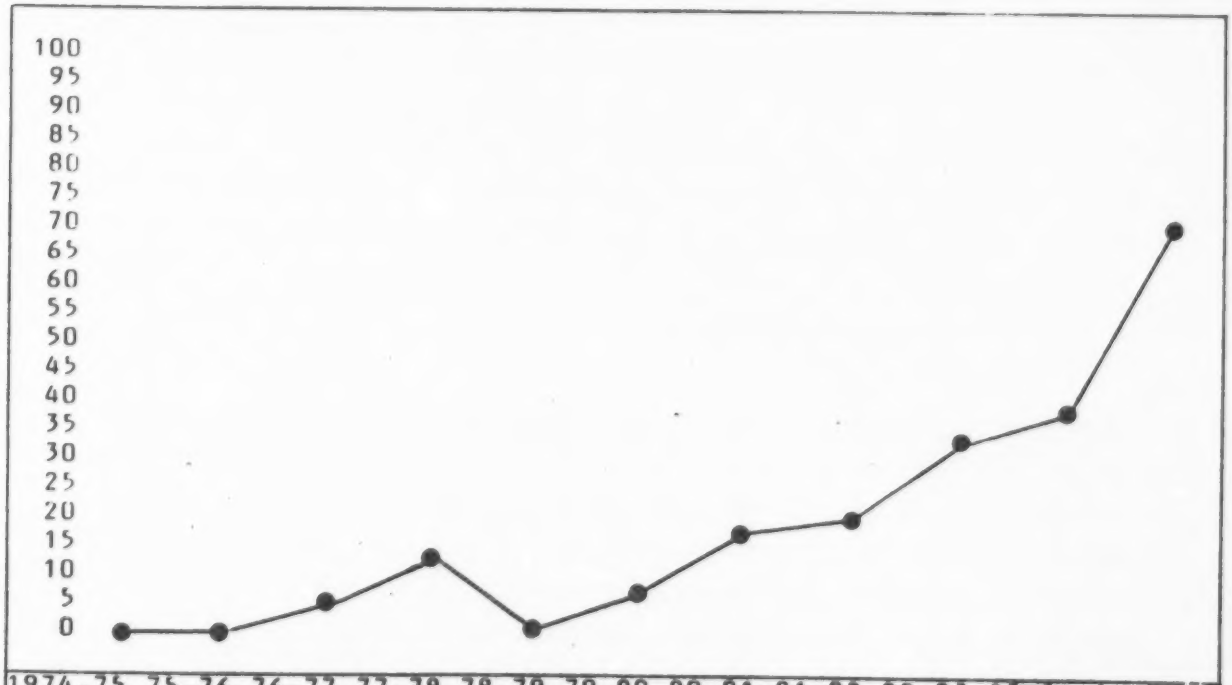
Occurrence Rates: A Discussion on the Newfoundland Context

OCCURRENCE RATES: A DISCUSSION ON THE NEWFOUNDLAND CONTEXT

The reported incidence of child sexual abuse in Newfoundland is increasing rapidly.

Statistics on the sexual abuse of children have been collected by the Division of Child Welfare of the Department of Social Services since 1974, when one case was reported.

Reports of Child Sexual Abuse
1974-75 to 1984-85
Government of Newfoundland and Labrador



N.B.: Source: Division of Child Welfare, Department of Social Services. Some figures may represent incidents of sexual abuse accompanied by physical mistreatment.

The figures have climbed fairly steadily since that time. In 1984-85, reports reached 73. Reports of sexual abuse now outnumber reports of physical abuse and are increasing at a greater rate. Most reports are from the St. John's area.

The number of prosecutions of child sexual abuse cases in the St. John's area is also increasing. As was noted in the Badgley Report statistics have not been kept with any uniformity but a brief review of prosecution files in St. John's shows a clear increase in the number of charges going before the courts. During 1983, there were nine cases of child sexual abuse prosecuted in St. John's. In 1984, there were 14 cases prosecuted and again in 1985 there were 14 cases. From 01 January 1986 to 05 March 1986 there were already 14 cases of child sexual abuse in St. John's, the same number as the total prosecutions in the two previous years. (Please note that these figures reflect trials only, and that there may have been a number of charges disposed of by way of an immediate guilty plea. These figures were unavailable.)

Increased reporting of child sexual abuse is a national phenomenon. Sharp increases in the number of cases brought to the attention of protection authorities are being experienced in every province. Recent evidence states that reports are doubling and tripling annually in many jurisdictions.[1]

The Badgley Report on Sexual Offences Against Children and Youth states that many more children are the victims of unwanted sexual acts than previously thought. Badgley's statements are based on the findings of a nation-wide retrospective research project in which adults recounted their victimization as children. The federal report states that: "At some time during their lives, about one in two females and one in three males have been victims of one or more unwanted sexual acts.... About four in five of these unwanted sexual acts had been first committed against these persons when they were children, or

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[1] "General Summary of the Discussions During the National Consultation with Non-Government Organizations on the Recommendations of the Badgley and Fraser Committees", First Draft, Ottawa, (unpublished).

youth." (i.e., before the age of 21). An 'unwanted sexual act' ranges from an act of exposure with no physical contact to an act of sexual assault. Badgley's occurrence rates and definitions give a broader context to acts of sexual abuse than had been in use up to the time of the Report, when it was commonly held that from 10% to 25% of women and girls had been sexually abused, and that about 10% of males had been sexually abused. (These figures are, to a large extent, also based on retrospective accounts.)

Child sexual abuse is greatly under-reported regardless of the percentages used in analysis. If the Badgley Report is accepted as the first comprehensive examination of occurrence rates in the country, some rough estimates of occurrence, by local populations, are possible.

The St. John's Census Metropolitan Area (CMA) had a population of 154,820 at the time of the 1981 Census, including 59,835 young people up to and including age 20. Females accounted for 29,715 members of the 0-20 age group, and males accounted for 30,120. If we take one of every three males (or 10,040) and one of every two females (or 14,857) in this group we are left with 24,897 persons at risk of sexual victimization at some point in their lives, predominantly before reaching their 21st birthday. If 80% are at risk in this age group, the number of young people currently at risk is 19,917. The greatest number of sexual abuse cases reported in the Department of Social Services was recorded in fiscal year 1984-85 when reports reached 73. If this number of reports is applied to the 1981 figure of young people at actual risk (1985 CMA population figures by age and sex are unavailable) it is clear that sexual abuse is far from factually represented in the statistics kept by protection officials. The 73 cases recorded in 1985 represent less than one half of one percent of actual child sexual abuse victimization in St. John's if the Badgley figures are accepted as truly reflective of incidence and if the 0-20 age group stayed at least at the 1981 figures of 59,835 young persons.

The majority of the sexual abuse reports recorded by the Division of Child Welfare occur in St. John's, but it must be remembered that, in total, they represent Provincial reporting. The 1985 estimates of provincial population* by age and sex show that the province's population includes 115,500 males up to age 20 inclusive and 110,600 females. If one in three males (38,500) and one of every two females (56,300) is at risk of an unwanted sexual act at some point (total = 94,800) predominantly before age 21 (80% of 93,000 = 75,840) the official reports, even at their highest (73), represent barely one tenth of one percent of child sexual victimization of the province as a whole.

The definition of sexual victimization used in the Badgley Report is broad and sweeping. It is all-inclusive because every single unwanted sexual act (even if it is one isolated incident) at any age, is included in the statistical profile. The definition also includes any type of unwanted sexual act, regardless of degree of physical contact, severity, duration, or relationship between victim and offender.

When examining occurrence rates it may be more useful to apply statistics in the Badgley Report which refer to victims who have been subjected to more than one incident of abuse. The Badgley Report states that 22.3 percent of female victims (about one in five) and 6.6 percent of males (about one in fifteen) had been involved in two or more incidents of unwanted sex.

If these figures are applied to the St. John's region it is still clear that official reports of child sexual abuse may fail to reflect true occurrence.

If we accept that 22.3 percent of females (6,626) and 6.6 percent of males (1,988) are at risk of being subjected to two or more unwanted sexual acts, (total = 8,614) predominantly

*1985 populations estimates by province (not for the CMA) are available.

before reaching age 21 (80% = 6,891), the largest number of reports to the Division of Child Welfare (73 in 1984-85) still represents only 1.0 percent of actual victimization.

Provincially, the official figures represent about one-half of one percent (0.457%) of actual occurrence if the figures contained in the Badgley Report accurately reflect incidence rates.

N.B.: Because the figure of 73 reports was small it was not broken down by sex (male versus female) when computing the above occurrence rates. The majority of reports to the Division of Child Welfare involve female victims. Child protection services of the Division apply to children age 16 years and younger.